

THE STATE OF NEW HAMPSHIRE SUMMARY OF BENEFITS FOR RETIREES UNDER 65



Your CIGNA HealthCare Network Open Access POS plan

Features that Add Value

- The reassurance of having a **personal Primary Care Physician (PCP)** who is your source for routine care and for guidance when you need more than routine care. As your needs change, so may your choice of doctors. That's why you can change your Primary Care Physician for any reason.
- The CIGNA HealthCare 24-Hour Health Information LineSM connects you to **registered nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, 7 days a week, from anywhere in the U.S.
- **CIGNA HealthCare Healthy Rewards[®]** includes special offers for **discounts** on health-related products and services. To learn more, call 1.800.870.3470 or visit our Web site at www.cigna.com.
- Our Guest Privileges program **brings** your CIGNA HealthCare **benefits along** when you temporarily relocate or send kids to schools away from home. Call CIGNA HealthCare Member Services to learn more.
- CIGNA Behavioral Health offers you access to **professional consultation** over the phone to **help you** with problems that affect you, your family, or your work.

Quality Service Is Part of Quality Care

- **Responsive service** -- Member Services representatives have the authority to **solve problems** on the phone, usually on the first call.
- **www.cigna.com** -- Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day.

We Speak Many LanguagesSM. We offer the Language Line Service so that you can **talk with us** in 140 different languages. Just call Member Services, and ask for an interpreter to assist you.

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs

- **Preventive care services** for every covered family member.
- The CIGNA HealthCare Well-Aware Program for Better Health[®] can **help you manage** certain chronic conditions.
- The CIGNA HealthCare Healthy Babies[®] program provides you with education and support to help you have a **healthy pregnancy** and a **healthy baby**. And there's no copayment for prenatal care office visits after the first visit that confirms you're pregnant.

It's Your Choice

- You get access to quality care at the lowest out-of-pocket costs available under your plan by having your care coordinated through your Primary Care Physician and by seeing network providers. You also get the **freedom to choose** the providers you prefer — even if they aren't part of the network. Your costs are lowest when you see participating providers, but you're still covered for visits to other providers.

You Can Depend on CIGNA HealthCare

- **Quality comes first.** We select participating providers carefully. And we make sure you have a **wide range** of PCPs and specialists to choose from.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**. Urgent care centers can take care of your urgent care needs, and you pay a lower copayment.

**For Under 65 Retirees (and their eligible dependents) of:
The State of New Hampshire**

BENEFIT HIGHLIGHTS	PCP referred benefits	Self-referred network benefits	Out of network benefits
Primary Care Physician (PCP) Office Visit Preventive Care for children and Adults Immunizations Medical Care for Illness or Injury Surgery Performed in the Physician's Office	\$10 Per Visit \$10 per visit No charge \$10 per visit \$10 per visit	\$30 per visit \$30 per visit No charge \$30 per visit \$30 per visit	80%* 80%* No charge 80%* 80%*
Routine Mammograms, PSA, Pap Test	No charge	No charge	No charge
Specialty Physician Office Visit Office Visits: Consultant and Referral Physician Services Allergy Treatment/Injections Surgery Performed in the Physician's Office	\$10 per visit \$10 per visit \$10 per visit	\$30 per visit \$30 per visit \$30 per visit	80%* 80%* 80%*
Inpatient Hospital Services – includes Semi-Private Room and Board Diagnostic/Therapeutic Lab and X-ray Inpatient Hospital Doctor's Visits/Consultations	No charge	80%	80%*
Outpatient Facility Services Operating and Recovery Room Diagnostic/Therapeutic Lab and X-rays Physician & Outpatient Professional Services	No charge No charge No charge	80% No charge 80%	80%* 80%* 80%*
Laboratory and Radiology Services MRIs, CAT Scans and PET Scans Other Laboratory and Radiology Services Outpatient Hospital Facility Independent X-Ray and/or Lab Facility	No charge No charge No charge	80% No charge No charge	80%* 80%* 80%*
Short-Term Rehabilitative Therapy (includes cardiac rehab, physical, speech, and occupational therapy)	No charge	80% up to \$3,000 per calendar year for all therapies combined	80%* up to \$3,000 per calendar year for all therapies combined
Chiropractic Services 12 visits maximum per calendar year	\$10 per visit	\$10 per visit	80%*
Emergency and Urgent Care Services Physician's Office – PCP or Specialty Physician Hospital Emergency Room/Urgent Care Facility Ambulance (If not a true emergency, emergency care services not covered)	\$10 per visit \$10 per visit (copay waived if admitted) No charge	\$10 per visit \$10 per visit (copay waived if admitted) No charge	\$10 per visit \$10 per visit (copay waived if admitted) No charge
Inpatient Services at Other Health Care Facilities Skilled Nursing, Rehabilitation and Sub-Acute Facilities 100 days combined maximum per calendar year	No charge	80%	80%*
Maternity Care Services Initial Office Visit to Confirm Pregnancy All other office visits Delivery Hospital Charges Physician Charges	\$10 per visit No charge No charge No charge	\$10 per visit No charge No charge No charge	80%* 80%* 80%* 80%*
Home Health Services	No charge	80%	80%*
Hospice Care Services	No charge	80%	80%*
Family Planning Services Office Visits (tests, counseling) Vasectomy/Tubal Ligation (excludes reversals)	\$10 per visit No charge	\$30 per visit 80%	80%* 80%*

BENEFIT HIGHLIGHTS	PCP referred benefits	Self-referred network benefits	Out of network benefits
TMJ - Surgical and Non-Surgical -case-by-case basis. Always excludes appliances and orthodontic treatment. Subject to medical necessity. Physician's Office Hospital Charges	\$10 per visit No charge	\$30 per visit 80%	80%* 80%*
Mental Health Services Inpatient Outpatient Services	No charge \$10 per visit	No charge \$10 per visit	80%* 80%*
Substance Abuse Services –limited to \$3,000 per calendar year, and limited to \$10,000 per lifetime Inpatient (up to 30 days per calendar year) Outpatient Services	No charge \$10 per visit	No charge \$10 per visit	80%* 80%*
Durable Medical Equipment/External Prosthetic Appliances	No charge	80%	\$150 deductible per member then 80%
Vision Care Eye exam Exam Frequency Under age 19 – limited to one exam every calendar year Age 19 and over – limited to one exam every two calendar years	\$10 per visit	\$10 per visit	80%*
OTHER BENEFIT INFORMATION			
Annual Deductible Individual Family	None None	None None	\$150 \$450
Annual Out-of-Pocket (OOP) Maximum Individual Family	None None	\$600 \$1,800	\$900 \$2,700
Coinsurance	No (except where noted above)	80% where noted	80% where noted

***Deductibles apply**

All out of network services limited to reasonable & customary limitations

For Prescription Drug benefits, please contact Local Government Center customer service at 1-800-527-5001

Note: For certain services provided by a network provider, without a Primary Care physician referral, your provider may bill you directly for member cost shares.

Mental Health

All Mental Health and Substance Abuse benefits are authorized by CIGNA Behavioral Health, Inc., or its affiliates.

Benefit Exclusions.

These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law:

1. Services that are not medically necessary, except specifically outlined preventive care.
2. Charges which the person is not obligated to pay.
3. Charges made by a hospital owned by or performing services for the U.S. government if the charges are directly related to a sickness or injury connected to military service.
4. Custodial services not intended primarily to treat a specific injury or sickness, or any education or training.
5. Experimental, investigational or unproven procedures and treatments.
6. Cosmetic surgery or therapy.
7. Reports, evaluations, examinations, or hospitalizations not required for health reasons, such as employment, insurance or government licenses and court ordered forensic or custodial evaluations.
8. Treatment of the teeth or periodontium, unless such expenses are incurred for:
(a) charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth; (b) charges made by a Hospital for Bed and Board or Necessary Services and Supplies; or (c) charges made by the outpatient department of a Hospital in connection with surgery.
9. Reversal of voluntary sterilization procedures.
10. Certain infertility services.
11. Transsexual surgery and related services.
12. Treatment for erectile dysfunction. However, penile implants are covered when an established medical condition is the cause of erectile dysfunction.
13. Therapy to improve general physical condition.
14. Eyeglasses, hearing aids or examinations and prescription fitting, except as provided in the Certificate or Summary Plan Description.
15. Charges for the maintenance and repairs of external prostheses due to misuse.
16. Surgical treatment for correction of refractive errors, including radial keratotomy.
17. Prescription and non-prescription drugs.
18. Routine foot care.
19. Any injury or sickness arising out of , or in the course of, any employment for wage or profit.
20. Charges for consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as provided in the Certificate or Summary Plan Description.
21. Charges in excess of reasonable and customary limitations.
22. Charges for medical and surgical services intended primarily for the treatment or control of obesity.
23. Speech therapy which is not restorative in nature.
24. Artificial aids, including but not limited to orthopedic shoes, arch supports, elastic stockings, dentures and wigs.

These Are Only the Highlights

As you can see, the plan is designed to combine in-depth coverage with affordable prices. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

“CIGNA HealthCare” refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, CIGNA Vision Care, Inc., Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

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